P 96/986

PUBLIC HEALTH SCREENING AT U.S. PORTS OF ENTRY

U.S. PUBLIC HEALTH SERVICE GUIDE TO
U.S. IMMIGRATION & NATURALIZATION SERVICE AND
U.S. CUSTOMS SERVICE INSPECTORS
MARCH 1986

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DEPOSITORY 325

I. INSPECTION OF ARRIVING PERSON:

A. Observe all arriving passengers and crew for signs and symptoms of illness, such as rash, unusually flushed or pale complexion, jaundice (unusual yellowing of skin and eyes), shivering, profuse sweating, inability to walk without assistance and diarrhea (see attachment p. 1-5).

B. Criteria for holding passengers and crew when ill, refer to U.S. Public Health Service (PHS) when such symptoms as noted below are encountered:

1. Temperature of 100 degrees F. (38° C.) or greater which was accompanied by the following: rash, jaundice, glandular swelling, or which persisted for 2 days or more.

2. Diarrhea severe enough to interfere with normal activity or work.

II. CHECK ITINERARY:

On an as needed basis, the itinerary of arriving persons may be required because of severe outbreak of an exotic communicable disease in a foreign area. If this becomes necessary, the arriving person is asked if he/she has been in the infected country within a given number of days. If so, refer to PHS.

III. HEALTH ALERT NOTICE:

A. Issue a Health Alert Notice (form CDC 75.8, attachment p. 6) to each arriving person (to each adult in a family group).

B. A Health Alert Notice need not be issued to routine border crossers at the U.S.-Mexican Border and U.S.-Canadian Border ports of entry.

HHS,PHS,CDC
CPS,DQ (0660y)

HE 20.7308:

READEX FICHE

IV. IMPORTATION OF PUBLIC HEALTH IMPORTANCE:

A. The general requirements are that all dogs, cats, monkeys, and turtles intended for importation into the U.S. shall be visually examined by inspecting personnel. Only those animals which are free of gross evidence of infectious diseases may be admitted. Animals which show signs of illness such as emaciation, lesions of the skin, nervous system disturbances, jaundice, or diarrhea shall be examined, tested, or treated by a licensed veterinarian at the owner's expense. Refer to PHS when above conditions are present.

1. Cats - Subject only to general requirements for entry as stated above. Rabies vaccination is not required.

2. Dogs

a. Regardless of age, dogs may be released without restriction if they appear to be healthy and have been only in a rabies-free area for at least 6 months immediately preceding arrival. See current list of rabies-free areas (attachment p. 7-8).

b. Dogs arriving from countries other than those listed as rabies free may be admitted if they meet all of the following requirements:

(1) 3 months of age or older,
(2) free of gross evidence of infectious disease, and
(3) accompanied by a valid certificate of vaccination against rabies. This certificate shall:

(a) Identify the dog,
(b) be signed be a licensed veterinarian, and
(c) specify the expiration date which should not be earlier than the date of arrival. If the expiration date is not indicated on the certificate, it shall be valid for only 1 year from the date of issue.

c. For a dog that is subject to the rabies vaccination requirement and appears to be healthy, but does not have a valid rabies certificate as outlined below, a form (CDC 4.421, attachment p. 9) must be completed with the appropriate information and forwarded to the nearest Quarantine Station for distribution. Also the owner or agent must sign the form certifying compliance with the requirements as specified. Prepare CDC 4.421 when:

(1) The dog is more than 3 months old and has no certificate. Release the dog provided the owner agrees to place the dog in confinement immediately on arrival at destination and have it vaccinated against rabies within 4 days.

(2) If the dog is more than 3 months old and has a certificate showing a vaccination done less than 30 days prior to arrival, the owner is required to confine the dog for the balance of 30 days.

(3) If the dog is less than 3 months old, the owner is required to confine the dog until it is 3 months old, then have it immunized and confined for 30 additional days. (A certificate presented for a dog less than 3 months old cannot be accepted.)

3. Monkeys

Live monkeys and other nonhuman primates may NOT be imported into the United States except by a registered importer for scientific, educational, or exhibition purposes (attachment p.10). A current list of registered importers is on file with the local U.S. Customs Service. Refer to PHS any importers not listed. When PHS is not available the owner must select a method of disposition and sign form CDC 4.487D (attachment p. 11-12). Consult PHS in this event.

4. Turtles

a. A person may import live turtles with a carapace (shell) length of less than 4 inches and viable turtles eggs into the United States provided that for each arrival, the person imports no more than 1 lot containing fewer than 7 live turtles or fewer than 7 viable turtle eggs, or any combination thereof totaling fewer than 7. Anyone importing more than the permitted amount must present a letter of permit from PHS, Centers for Disease Control.

b. The Public Health Service has no restrictions on the importation of live turtles with a carapace length of more than 4 inches.

5. Goatskin Products

Goatskin products from Haiti are banned for importation into the United States. Refer attachment p. 2, Advisory Memorandum No. 61.

6. Dead Bodies

Review death certificate to determine cause of death. Admit unless person died of a communicable disease (cholera, plague, yellow fever, infectious tuberculosis, diphtheria, suspected smallpox, suspected viral hemorrhagic fever), in which case refer to PHS.

8. Classes of Imports Requiring Permits. It is impracticable to list all of the several hundred species of etiologic agents and vectors requiring a permit. Surveillance of certain classes of imports is important and permits must be obtained from the Public Health Service (attachment p. 13-15) for the following:

   a. Any living insect, or other living arthropod, known to be or suspected of being infected with any disease transmissible to humans; also, if alive, any bedbugs, fleas, flies, lice, mites, mosquitoes, or ticks even if uninfected. This includes eggs, larvae, pupae, and nymphs as well as adult forms.

   b. Any animal known to be or suspected of being infected with any disease transmissible to humans.

   c. All live bats.

   d. Unsterilized specimens of human and animal tissue (including blood), body discharges or excretions, or similar material, when known to be or suspected of being infected with disease transmissible to humans.

   e. Any culture of living bacteria, virus, or similar organism known to cause or suspected of causing human diseases.

   f. Any snails capable of transmitting schistosomiasis. No mollusks are to be admitted without a permit from PHS (CDC) or the U.S. Department of Agriculture. Any shipment of mullusks with a permit from either agency should be cleared immediately.

If any of the above imports arrive without the necessary permit or there are any questions concerning the release of the above importations, please refer to PHS for instructions.

V. MEDICAL INSPECTION OF ARRIVING ALIENS:

A. When processing aliens, DO NOT keep the alien's chest X-ray film. This is an important medical document that he/she should retain.

B. Refer to PHS all aliens for whom a "Medical Hold" (attachment p. 16) should be issued. Candidates for a "Medical Hold" are:

1. Aliens with physical conditions which might be totally disabling

2. Aliens with variations in behavior which might indicate mental illness, and

3. Aliens who require a medical examination prior to visa issuance overseas, but who arrive with no evidence of having had one performed. Satisfactory evidence can consist of a properly completed "Medical Examination of Visa Applicant" (form OF-157), with results of chest X-ray and serology indicated (chest X-ray and serology only required for those 15 years old and above), or a radiologist's report for the chest X-ray film and laboratory report for the serology indicating these tests were performed. Those aliens arriving with a Class A medical condition and who have no evidence that a waiver of excludability was granted overseas must be referred to PHS.

C. Refer to PHS those aliens that have a Class A medical condition or certain Class B medical conditions (i.e., tuberculosis [not active]; and leprosy [noninfectious]). Those aliens should have a stamp imprinted on the face of their visa (OF-155, attachment p. 17):

CLASS A OR CLASS B (T)
REQUIRES ATTENTION OF
USPHS AT POE

When PHS is not available to process aliens with these medical conditions, retain a copy of the OF-157 (attachment p. 18 - 20), write on the reverse side the alien's U.S. address, sponsor's name and address, arriving flight and date, port of entry, and the INS inspector's name. A photocopy of the alien's visa (OF-155), in lieu of transcribing this information on the reverse of the OF-157, is satisfactory. If the alien has a Class A medical condition, a photocopy of all pages of the waiver (attachment p. 21 - 24) or PHS Statements form in support of the waiver (attachment p. 25 - 26) should be made and this, along with the OF-157 and OF-155, should be given or mailed to the appropriate PHS Quarantine Station.

VI GENERAL INSTRUCTIONS:

Whenever U.S. Immigration and Naturalization Service or U.S. Custom Service inspectors have any doubt or questions regarding public health entry requirements of persons or importations, they should contact (day or night) one of the local or regional PHS representatives or PHS, Centers for Disease Control, Division of Quarantine staff in Atlanta, Georgia (attachment).

ATTACHMENTS FOR "PUBLIC HEALTH SCREENING GUIDE AT U.S. PORTS OF ENTRY"

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SUMMARY

OF HEALTH INFORMATION FOR INTERNATIONAL TRAVEL

Keep Measles A Memory - Immunize!

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333

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SUMMARY FOR THE PERIOD ENDING 3 FEBRUARY 1984
COUNTRIES WITH AREAS INFECTED WITH QUARANTINABLE DISEASES ACCORDING TO THE WORLD HEALTH ORGANIZATION

Country	Cholera	Yellow Fever †	Plague*	Country	Cholera	Yellow Fever †	Plague*
ALGERIA	▲			MOZAMBIQUE	▲		
BENIN	▲			NIGERIA	▲	▲	
BOLIVIA		▲		PERU		▲	
BRAZIL		▲		PHILIPPINES	▲		
BURUNDI	▲			RWANDA	▲		
CAMEROON	▲			SOUTH AFRICA	▲		
COLOMBIA		▲		SUDAN		▲	
ECUADOR		▲		SWAZILAND	▲		
GAMBIA		▲		TANZANIA	▲		
GAZA STRIP	▲			THAILAND	▲		
GHANA	▲	▲		TRUK ISLANDS**	▲		
INDIA	▲			UPPER VOLTA		▲	
INDONESIA	▲			VIET NAM	▲		▲
IRAN	▲			ZAIRE	▲	▲	
IVORY COAST	▲			ZAMBIA	▲		
KENYA	▲						
LIBERIA	▲						
MALAYSIA	▲						

Countries added to the infected area list during the 14 days prior to the date above are indicated by ●
Areas removed from the infected area list during the 14 days prior to the date above: None

*Only plague infected countries considered a threat in the introduction of plague are shown.

**Trust Territory of the Pacific Islands.

United States Immunization Requirements *No* vaccinations are required to return to the United States
Immunization Requirements of Other Countries See Supplement "Health Information for International Travel," *Morbidity and Mortality Weekly Report*, Vol. 32, August 1983.

NOTE SMALLPOX — The last case of endemic smallpox occurred on 10-26-77

†AREAS INFECTED WITH YELLOW FEVER:

AFRICA

GAMBIA:	Upper River Division	**SUDAN:**	South of 12° North
GHANA:	Northern Region	**UPPER VOLTA:**	South East
NIGERIA:	Kaduna State, Lagos State	**ZAIRE:**	North of 10° South

SOUTH AMERICA

BOLIVIA: Beni Department, Cochabamba Department, La Paz Department, Santa Cruz Department

BRAZIL: Amazonas State, Maranhao State, Mato Grosso State, Para State, Rondonia State, Roraima Territory

COLOMBIA: Caqueta Intendencia, Cundinamarca Department, Meta Intendencia

ECUADOR: Pastaza Province

PERU: Cuzco Department, Huanuco Department, Junin Department, Loreto Department, Madre de Dios Department, San Martin Department, Ucayali Department

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

In replying address the CDC

August 14, 1981

Refer to: QD-CPS

ADVISORY MEMORANDUM NO. 61

Subject: Anthrax-Contaminated Goatskin Products from Haiti

In December 1973, a case of cutaneous anthrax was diagnosed in a 22-year old woman residing in Florida. Bacillus anthracis was isolated from two of six drums purchased by the patient in Haiti. The implicated drums were constructed of carved wooden cylinders having goatskin drum heads with varying amounts of attached hair.

Laboratory tests of Haitian handicrafts made from goatskins collected from travelers returning from Haiti have shown contamination rates with Bacillus anthracis of 26 percent in 1974, 55 percent in 1976-77, and 27 percent in 1980-81.

Anthrax is an acute bacterial disease, usually of the skin, characterized by vesicles at the site of infection which develop into a depressed black eschar. Untreated infections may lead to septicemia and death. Infections of the lungs and gastrointestinal tract are usually fatal. Bacillus anthracis produces spores that are highly resistant to disinfection. These infectious spores may persist on a contaminated item for many years.

Persons traveling to Caribbean countries are advised not to purchase goatskin handicrafts such as drums, rugs, collages, voodoo dolls and purses produced in Haiti. Because of the risk, importation of goatskin handicraft from Haiti will not be permitted at United States ports of entry.

Advisory Memorandum No. 36 is hereby rescinded.

All recipient health departments, travel agents, airlines, and shipping companies are requested to notify prospective travelers of the recommendations in this advisory.

Arnold F. Kaufmann, D.V.M.
Chief, Bacterial Zoonoses Branch
Bacterial Diseases Division
Center for Infectious Diseases

Laurence S. Farer, M.D.
Laurence S. Farer, M.D.
Acting Director
Quarantine Division
Center for Prevention Services

Distribution: 436=1

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTRS FOR DISEASE CONTROL
ATLANTA, GEORGIA

In replying address the CDC

December 21, 1984

Refer to: DQ-CPS

ADVISORY MEMORANDUM NO. 74

Subject: Recommendations for Immunizations for International Travel

The risk of acquiring a vaccine-preventable illness during international travel depends on the areas of the world to be visited and the extent to which the traveler is likely to be exposed to the disease. When considering international travel, people should seek advice from health-care personnel on immunization as many weeks in advance of their anticipated date of departure as possible so there will be adequate time to receive any recommended doses of vaccine. Many vaccines can be given during a single visit, but others may require more than one dose.

Polio Vaccine: In developed countries such as Japan, Australia, New Zealand, Canada, Japan and the Eastern or Western European countries, the risk of acquiring poliomyelitis is usually no greater than in the United States. In contrast, all developing countries should, in general, be considered endemic for poliomyelitis. Therefore, travelers to such countries are, in general, at increased risk of exposure to polioviruses and should be immune to poliomyelitis. Schedules for primary immunization require 3 or more doses, one month apart from each other. Supplementary doses are recommended for travelers who have completed their primary series. In general, oral polio vaccine (OPV) is the vaccine of choice for persons less than 18 years of age and older persons who have previously completed a primary series of either OPV or IPV; IPV is the vaccine of choice for persons 18 years of age or older who have not completed a primary series. For unimmunized persons 18 years of age or older who are departing for a developing country in less than 4 weeks, one dose of OPV is recommended.

Measles, Mumps and Rubella Vaccine (MMR): In most developing and developed countries measles, mumps and rubella remain uncontrolled. Therefore, the risk of acquiring these diseases while in other countries is greater than in the United States. All travelers born in 1957 or later who lack either a physician verified history of measles or proof of receipt of measles vaccine on or after their first birthday should be vaccinated. Adults, particularly males, who are believed to be susceptible to mumps should be vaccinated. In particular, woman travelers of childbearing age should be immune to rubella. Adequate evidence of immunity is written proof of receipt of vaccine on or after the first birthday or laboratory evidence of immunity to rubella.

Diphtheria, Tetanus and Pertussis Vaccine: Persons 7 years of age or more should have a completed series of 3 doses of preparations containing tetanus and diphtheria toxoids and should have had a dose within the past 10 years. Children less than 7 years of age should have received the recommended number of doses of diphtheria, tetanus, and pertussis vaccine (DTP) for their ages.

Yellow fever vaccine: Yellow fever vaccine is recommended for travel to infected areas and rural areas in the yellow fever endemic zones. Some countries require an International Certificate of Vaccination against Yellow Fever for entry.

Cholera vaccine: Most countries do not require vaccination against cholera. Persons on the usual tourist itinerary who use standard accommodations in countries reporting cholera and who exercise precautions in selecting food and drink are at virtually no risk of infection.

Typhoid vaccine: Typhoid vaccine may be indicated for travel to developing countries, particularly for areas off the usual tourist itinerary.

Immune globulin to prevent hepatitis A is recommended for travel outside major tourist routes in developing countries. Hepatitis B vaccine is recommended for persons who will be living for more than 6 months in highly endemic areas (eastern and southeastern Asia, sub-Saharan Africa, and the Pacific Basin), and for travelers intending a short stay who are likely to have contact with blood from or sexual contact with the local population.

Selective immunization against other diseases (e.g., plague, meningococcal disease, rabies) may be indicated for some types of travel. Specific information is available from State and local health departments.

Health care providers can find information on vaccine-preventable diseases, vaccines, indications, side effects, adverse reactions, precautions, and contraindications in Immunization Practices Advisory Committee (ACIP) recommendations published on specific diseases and vaccines in the Morbidity and Mortality Weekly Report (MMWR). Health Information for International Travel, published annually as a supplement to MMWR, includes detailed information on vaccination certificate requirements and recommendations for travel. The biweekly summary of Health Information for International Travel ("blue sheet") lists countries reporting cholera and yellow fever. Both publications are available to State and local health departments.

Travel agencies, airlines, and shipping companies are requested to inform all prospective travelers of the need to have their immunization status reviewed by a health-care provider, and, if indicated, receive the necessary immunizations as soon as travel is planned.

Alan R. Hinman, MD

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Director
Division of Immunization
Center for Prevention Services

Laurence S. Farer, M.D.

Laurence S. Farer, M.D.
Acting Director
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Center for Prevention Services

Distribution: Q-2

Keep Measles A Memory - Immunize!

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers For Disease Control
Atlanta, Georgia 30333

In replying address the CDC

January 6, 1986

Refer to: DQ-CPS

ADVISORY MEMORANDUM NO. 83

SUBJECT: Malaria prophylaxis by travelers to areas with chloroquine-resistant Plasmodium falciparum (CRPF)

On April 12, 1985, new recommendations for malaria prophylaxis were published by the Centers For Disease Control (CDC) in response to evidence that weekly use of pyrimethamine/sulfadoxine (Fansidar^{R}) for malaria prophylaxis was associated with fatal cutaneous reactions. These revised recommendations emphasized the weekly use of chloroquine or amodiaquine as the mainstay of chemoprophylaxis, and urged that the weekly prophylactic use of Fansidar^{R} be limited to longer-term (more than three weeks) travelers who will be at very high risk of exposure to chloroquine-resistant Plasmodium falciparum (CRPF). It was further recommended that short-term (three weeks or less) travelers to areas with CRPF carry 3 tablets (adult dose) of Fansidar to take presumptively in the event of a febrile illness when professional medical care is not readily available. Finally, the importance of personal protection from mosquito contact by use of insect repellants, insect sprays, nets, and screens was stressed.

To date 60 cases of P. falciparum have been reported to CDC with onset of illness in 1985 in U.S. travelers who acquired their infection in Kenya, where CRPF is widely prevalent. Of particular concern is that only 4 (24%) of 17 investigated cases who had traveled to Kenya after April 1985 were aware of the recommendation for presumptive treatment with Fansidar. Furthermore, only 7 (41%) of these 17 cases had used insect repellants. These findings indicate a need for better adherence to the April recommendations. It is essential that the treatment dosage of Fansidar and the indications for its use be explained thoroughly to travelers to CRPF areas such as Kenya because responsibility is placed on them to recognize a potential malaria infection and, if necessary, treat themselves while abroad. The current CDC guidelines for malaria prophylaxis for travelers, published in Morbidity and Mortality Weekly Report (MMWR, April 12, 1985), in Advisory Memorandum No. 80 (April 24, 1985), and in Health Information for International Travel (1985), contain detailed recommendations for travelers to different destinations, taking into account the risk of malaria infection. Copies of these publications are available on request from CDC.

Robert L. Kaine for

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Division of Parasitic Diseases
Center for Infectious Diseases

Laurence S. Farer, M.D.

Laurence S. Farer, M.D.
Director
Division of Quarantine
Center for Prevention Services

Distribution: Q-2

Sample

FPONT

Health Alert Notice

For International Travelers Arriving in the United States

To The Traveler

Keep this card in your wallet or purse 6 weeks. If you become ill during this time, give this card to your physician and tell him/her about your recent travel outside the United States.

You could have been exposed to a communicable disease before arriving in the United States, and knowing about this may be helpful to your physician in making a diagnosis.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
CENTER FOR PREVENTION SERVICES
DIVISION OF QUARANTINE
ATLANTA, GEORGIA 30333

CDC 75.8 (f. 4.438) REV. 11/82

To The Physician

The patient presenting this card has recently been abroad, and could have been exposed to a communicable disease not commonly seen in the United States. If you suspect an unusual infectious disease in this instance (cholera, hemorrhagic fever, malaria, yellow fever, etc.), please report it immediately to your city, county, or State Health Officer and also (by telephone—collect) to the Division of Quarantine, **Centers for Disease Control**, Atlanta, Georgia 30333 (404-329-2574, nights, Sundays, and holidays **404-329-2888**).

The United States is currently trying to eliminate measles. If you suspect measles, please notify your local or State Health Department by telephone on the first available working day. **PLEASE DO NOT DELAY REPORTING UNTIL LABORATORY CONFIRMATION.**

This is not an insurance ID card.

BACK

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333

DIVISION OF QUARANTINE IDENTICAL MEMORANDUM NO. 85-12

TO: Officers in Charge
U.S. Quarantine Stations

December 26, 1985

SUBJECT: List of "Rabies-Free" Countries. Special Requirements for Dogs and Cats Entering Hawaii, Guam, and American Samoa.

Effective immediately, this memorandum supersedes Division of Ouarantine Identical Memorandum No. 85-10, dated September 17, 1985.

The following countries and political units shall be considered "rabies-free" for the purpose of dog vaccination requirements only:

AFRICA: Mauritius.

AMERICAS:

North: Bermuda; St. Pierre and Miquelon.

Caribbean: Anguilla; Antigua and Barbuda; Bahamas; Barbados; Cayman Islands; Dominica; Guadeloupe; Jamaica; Martinique; Montserrat; Netherlands Antilles (Aruba, Bonaire, Curacao, Saba, St. Maarten, and St. Eustatius); St. Christopher (St. Kitts) and Nevis; St. Lucia; St. Martin; St. Vincent; Turks and Caicos Islands; Virgin Islands (U.K. and U.S.).

South: Suriname; Uruguay.

ASIA: Bahrain; Brunei Darussalam; Japan; Kuwait; Malaysia; Maldives; Oman; Singapore; Taiwan.

EUROPE: Bulgaria; Faroe Islands; Finland; Iceland; Ireland; Malta; Norway; Spain; Sweden; United Kingdom.

OCEANIA: American Samoa; Australia; Belau (Palau); Cook Islands; Federated States of Micronesia (Kosrae, Ponape, Truk, and Yap); Fiji; French Polynesia; Guam; Kiribati; New Caledonia; New Zealand; Niue; Northern Mariana Islands; Papua New Guinea; Samoa; Solomon Islands; Tonga; Vanuatu.

Most of Pacific Oceania is "rabies-free." For information on specific islands not listed above, contact the Program Operations Branch.

Page 2 - Officers in Charge

This revised list is based on data from the following publications and information provided to the Centers for Disease Control (CDC):

(1) World Health Organization: World Survey of Rabies XXI; Veterinary Public Health Unit, Division of Communicable Diseases, WHO, Geneva.

(2) WHO Collaborating Centre for Rabies Surveillance and Research: Rabies Bulletin Europe.

(3) Pan American Zoonoses Center (PAHO/WHO): Epidemiological Surveillance of Rabies for the Americas.

The State of Hawaii and the Territories of Guam and American Samoa have special requirements in addition to those listed in Section 71.51 of the Foreign Quarantine regulations. All dogs and cats entering the State of Hawaii and the Territories of Guam and American Samoa are subject to a 120-day quarantine in accordance with State and Territorial regulations.

For additional information on the importation of dogs and cats into Hawaii, write to:

Animal Quarantine Station
99-770 Moanalua Road
Aiea, Hawaii 97601

[Note: The Animal Quarantine Station is under the authority of the State of Hawaii and has no relationship with the U.S. Public Health Service Quarantine Station (office) at the Honolulu International Airport.]

For additional information on the importation of dogs and cats into American Samoa, write to:

Government of American Samoa
Department of Health
Government House
Pago Pago, American Samoa 96799

For additional information on the importation of dogs and cats into Guam, write to:

Chief, Zoonoses Section
Department of Public Health and Social Services
Government of Guam
P.O. Pox 2816
Agana, Guam 96910

Laurence S. Farer, MD.

Laurence S. Farer, M.D.
Director
Division of Quarantine
Center for Prevention Services

SAMPLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICES
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

NOTICE TO OWNERS AND IMPORTERS OF DOGS

(Please print)

POINT OF ENTRY - CITY	DATE
Washington, D.C.	10/20/78

OWNER'S NAME	PASSPORT No.	
John Doe	12345	
OWNER'S COMPLETE ADDRESS & TELEPHONE No.	DRIVER'S LICENSE No.	STATE ISSUED
34 Main Street Richmond, VA 20333 Telephone: 703-123-4567	000-00-0000	Va.
	ADDRESS WHERE DOG(S) WILL BE CONFINED 34 Main Street Richmond, Virginia 20333	

The following dog(s) (number, type, age,and description): One (1) Toy French Poodle age 2 months, grey/white in color

which arrived on TWA Flight #891
(Kind of conveyance - name of ship; Flight No. of plane; tag No. of vehicle)

from Paris, France, is/are admitted

to the United States, subject to restrictions of section 71.154 of Public Health Service Foreign Quarantine Regulations checked below:

1. ☐ *"Confinement" for _____ days, which will complete a 30 day period from the date of the antirabies vaccination (§71.154 (c) (2) (i) .)*
2. ☒ *"Confinement" until three months of age; then antirabies vaccination to be followed by confinement for 30 days. (§71.154 (c) (2) (ii) .)*
3. ☐ *"Confinement" until antirabies vaccination at destination to be followed by "confinement" for 30 days. (§71.154 (c) (2) (iii) .)*

The above restrictions are imposed under section 71.154, Title 42, Code of Federal Regulations, and compliance is necessary before legal quarantine control of the animal(s) is relinquished.

"Confinement" as used above means "restriction of an animal by the owner or his agent to a building or other enclosure in isolation from other animals and from persons except for contact necessary for its care, or, if it is allowed out of such enclosure, muzzling the animal and keeping it on leash."

NOTICE TO OWNER: You are expected to observe this requirement as a safeguard against the introduction of rabies. A person violating U.S. Foreign Quarantine Regulations which provide for this requirement is a subject to a fine up to $1000 and /or imprisonment up to 1 year.

/S/ Joseph Brown
(Signature of Government Officer)

Joseph Brown
(Name: Please print or type)

U.S. Customs Inspector
(Title)

Statement to U.S. Government Officer

I certify that I am the owner, or authorized representative of the owner, of the above listed dog(s). I further certify that I acknowledge and will comply with the restrictions checked above. Also, I will be responsible for complying with any additional measures that may be required by health departments or other authority in the State of destination.

/S/ John Doe
(Signature of Owner or Representative)

10/20/78
(Date)

Copy sent to:
- ☒ *State health officer in state of destination*
- ☒ *U.S. Quarantine Station*

(See reverse side)

CDC 4.421
(Formerly HSM 248)
7 80

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333

In replying address the CDC

November 17, 1982

Refer to: DQ-CPS

ADVISORY MEMORANDUM NO. 65

SUBJECT: Import Restrictions on Nonhuman Primates

Advisory Memorandum No. 38 issued August 27, 1975, is hereby superseded.

Since October 10, 1975, the importation of nonhuman primates has been prohibited by Public Health Service quarantine regulations except for scientific, educational, or exhibition purposes by importers registered with the Centers for Disease Control (CDC). Nonhuman primates are not admissible into the U.S. as pets. Regulations were developed by CDC because such animals are a significant source of infectious disease in humans, including hepatitis, tuberculosis, and parasitic infections. Nonhuman primates include but are not limited to animals commonly known as monkeys, chimpanzees, orangutans, gorillas, gibbons, apes, baboons, marmosets, tamarins, lemurs, lorises, and galagos.

The use of nonhuman primates for bona fide exhibition purpose is considered to include 1) their display in an organized zoological exhibit that is open to the general public on a regular basis, and 2) their full-time use in a trained animal act open to the general public. A bona fide exhibition purpose does not include uses such as display of a nonhuman primate in a pet store or a private home. The maintenance and training of a nonhuman primate primarily as a hobby with occasional display to groups such as school children is not considered a bona fide exhibition.

Importers of nonhuman primates are not to sell, resell, or otherwise distribute these animals for exhibition purposes without clear evidence that they will be used as a bona fide exhibit. The intended recipient's possession of an Animal Exhibitor's License issued by the U.S. Department of Agriculture is not to be considered satisfactory documentation by itself for this purpose. Importation of nonhuman primates for use in breeding colonies is permitted, provided that all descendents of these animals will be solely used for the permitted purposes. Only those nonhuman primates that were imported before October 10, 1975, and their descendents may be sold for uses other than those prescribed in Public Health Service quarantine regulations. This exception does not apply to the offspring of a mating between a nonhuman primate imported before October 10, 1975, and a nonhuman primate imported on or after October 10, 1975.

Nonhuman primates that do not meet the import requirements of the current regulations are excluded. At the owner's option and expense, excluded nonhuman primates will be exported, destroyed, or given to a scientific, educational, or exhibition facility under arrangements approved by the Director, CDC. Pending exportation or other disposition, they will be detained in Customs' custody at the port of arrival at the owner's expense.

Nonhuman primates also have to meet the entry requirements of the Fish and Wildlife Service, U.S. Department of the Interior. Further information regarding these restrictions may be obtained by writing to the Director, Fish and Wildlife Service, U.S. Department of the Interior, Washington, DC 20240.

Requests for additional information regarding Public Health Service quarantine regulations dealing with the importation of nonhuman primates should be sent to: Centers for Disease Control, Division of Quarantine, Atlanta, Georgia 30333.

Laurence S. Farer, M.D.

Laurence S. Farer, M.D.
Acting Director
Division of Quarantine
Center for Prevention Services

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
BUREAU OF EPIDEMIOLOGY
QUARANTINE DIVISION
ATLANTA, GEORGIA 30333

IMPORTATION/DISPOSITION OF NONADMISSIBLE NONHUMAN PRIMATES

Please Type or Print SAMPLE

Port of Entry – City		Date
Miami, Florida		10/10/78
Name of Agent/Importer/Owner		
John Doe		
Street Address	City	State
41 Main Street	Orlando	Florida

NUMBER IN SHIPMENT BY GENUS AND SPECIES

NUMBER	GENUS AND SPECIES
1	Pan troglodytes (chimpanzee)

United States Public Health Service Regulations (Subpart J-3, Part 71, 42 USC) prohibit the importation of nonhuman primates except for bona fide scientific, educational, or exhibition purposes approved by the Director, Center for Disease Control. Nonhuman primates excluded from entry under the provision of subpart J-3 shall at the owner's option and expense, be exported, destroyed, or given to a scientific, educational, or exhibition facility under arrangements approved by the Director, Center for Disease Control. Exportation shall be permitted only if the owner exports the nonhuman primate(s) within a reasonable time.

In accordance with the provisions of subpart J-3, I hereby authorize the disposition of the excludable nonhuman primate(s) in the following manner:

- ☐ Donated to a facility approved by Director, CDC
- ☐ Destroyed
- ☒ Exported

Statement to U. S. Quarantine Officer:

I certify that I am the agent/importer/owner of the above listed nonhuman primate(s), I further certify that I acknowledge that said nonhuman primate(s) will be detained under CUSTOM'S CUSTODY, at my expense, pending disposition, at my expense, in the manner indicated above.

/S/ John Doe — Signature of Agent/Importer/Owner
10/10/78 — Date

/S/ Joseph Brown — Signature of Quarantine Officer
10/10/78 — Date

White Copy - Quarantine Station; Blue Copy - Headquarters; Pink Copy - Agent/Importer/Owner; Yellow Copy - Facility

SAMPLE

DONATION TO APPROVED FACILITY

Receipt acknowledged for _____ (number) _____ (genus and species) nonhuman primate(s).

_____
Name and Address of Approved Facility

_____ _____
Signature Date

DESTRUCTION

I hereby certify that _____ (number) _____ (genus and species) nonhuman primates have been destroyed on this date.

_____ _____
Signature Date

_____
Name and Address of Facility

EXPORTATION

1 (number) Pan troglodytes (chimpanzee) (Genus and species) nonhuman primate(s) shipped to:

Rio de Janeiro, Brazil (destination) on PA #441 (flight number)

October 12, 1978 Joe Brown
Date Quarantine Officer

White Copy - Quarantine Station; Blue Copy - Headquarters; Pink Copy - Agent/Importer/Owner; Yellow Copy - Facility

SAMPLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control
Office of Biosafety
Atlanta, Georgia 30333

PERMIT TO IMPORT OR TRANSFER ETIOLOGICAL AGENTS OR VECTORS OF HUMAN DISEASE

PERMIT NUMBER: 86-024-1
DATE ISSUED: 11/04/85
DATE EXPIRED: 05/04/86

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulations, cited on the reverse of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

1. DESCRIPTION OF MATERIAL

Bacterial culture, possible Corynebacterium species

2. PERMITTEE (NAME) ORGANIZATION, ADDRESS)

Dr. Robert E. Weaver (1)
Special Bacterial Pathogens Laboratory
Division of Bacterial Diseases, CID
Centers for Disease Control
Atlanta, Georgia 30333

3. SOURCE OF MATERIAL (NAME, ORGANIZATION, ADDRESS)

Dr. Francisco Soriano
Departamento de Microbiologia
Fundacion Jimenez Diaz
Avda. Reyes Catolicos 2
28040 Madrid
SPAIN

4. TYPE OF PERMIT AND INSTRUCTIONS FOR USE

[X] Single Importation into U.S.
[ ] Single Transfer within U.S.
[ ] Multiple Importations into U.S.
[ ] Multiple Transfers within U.S.

A. RECORD OF EACH IMPORTATION SHALL BE MAINTAINED ON PERMANENT FILE BY PERMITTEE.
B. ENCLOSED LABEL(S) MUST BE FORWARDED TO THE SHIPPER(S).
C. ONE LABEL SHALL BE AFFIXED TO SHIPPING CONTAINER SENT TO OR TRANSFERRED WITHIN THE UNITED STATES. ADDITIONAL LABELS MAY BE OBTAINED FROM THE ISSUING OFFICER.

5. CONDITION(S) OF ISSUANCE (ITEM(S) APPLICABLE WHEN CHECKED)

[X] A. Subsequent distribution, within the U.S., of the material described in this permit is prohibited without prior authorization by the Public Health Service.

[ ] B. All material is for laboratory use only – Not for use in the production of biologics for humans or animals.

[ ] C. All material is free of tissues, serum and plasma of domestic and wild ruminants, swine and equines.

[ ] D. Valid only when accompanied by: _____

[X] E. Work with the agent(s) described shall be restricted to areas and conditions meeting requirements described for Class 11 Agents in "Biosafety in Microbiological and Biomedical Laboratories," U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, National Institutes of Health, Bethesda, Maryland.

[X] F. Packaging must conform to 42 CFR Section 72.2.

6. COPY SENT TO:

[X] STATE HEALTH OFFICER Georgia

[ ] U.S. QUARANTINE STATION _____

Doc. 4351A/p 82

7. John L. Jaugstetter

John E. Jaugstetter, Ph.D.
Biohazards Control Officer
Office of Biosafety
SIGNATURE & TITLE OF ISSUING OFFICER

CDC 0.728 (F. 13.40)
6-85

§ 71.54. **Etiological Agents and Vectors**

(a) A person shall not import into any place under the control of the United States, nor distribute after importation, any etiological agent or insect, animal or plant vector of human disease or any exotic living insect, animal or plant capable of being a vector of human disease unless accompanied by a permit issued by the Surgeon General.

(b) An article or thing coming within the provisions of this section shall not be released from Customs' custody prior to the receipt by the Collector of Customs of a permit therefor issued by the Surgeon General.

IMPORTATION OR TRANSFER AUTHORIZED BY

PHS Permit No. 86-024-1

Expiration Date 05/05/86

TO:

SAMPLE

DO NOT OPEN IN TRANSIT

BIOMEDICAL MATERIALS
ETIOLOGICAL AGENTS OR VECTORS

NOTICE TO CARRIER: If inspection on arrival in U.S. reveals evidence of damage or leakage, immediately notify: Director, Centers for Disease Control, Atlanta, Georgia 30333 – Telephone 404–633–5313. CDC 0.1007 6/85

CDC 4.423
11-78

MEDICAL HOLD

STATION | DATE

NAME

Age | ☐ Male ☐ Female | ☐ Passenger ☐ Crew

CARRIER

VISA INFORMATION

NUMBER | TYPE

ISSUED AT | DATE OF ISSUE

OF 157 INFORMATION

ISSUED AT | DATE OF ISSUE

NAME OF PHYSICIAN

DIAGNOSIS

REASON FOR HOLD

PRESENT TO:

(Name of Medical Facility)

(Address)

(City and State)

(Signature of Quarantine Officer, USPHS)

TO BE COMPLETED BY MEDICAL FACILITY

NOTE: One copy of completed Form is to be returned to the U. S. Quarantine Station named above.

FINAL DIAGNOSIS OR REPORT OF NEGATIVE FINDINGS

NAME(S) OF EXAMINER(S)	TITLE OR RANK

SAMPLE

$0155-102

IMMIGRANT VISA AND ALIEN REGISTRATION

IV 7197642

THE IMMIGRANT [X] HAS [ ] HAS NOT BEEN PREVIOUSLY IN THE UNITED STATES

OF: (Family Name) (First Name) (Middle Name) ---

I & NS FILE NUMBER, IF KNOWN

ACTION BY IMMIGRANT INSPECTOR

THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA

(Name of vessel or flight no. of arrival)

INELIGIBILITY FOR VISA WAIVED UNDER SECTION

[ ] 212(e) [ ] 212(h)

[ ] 212(g) [ ] 212(i)

SEC. 212(a)(14) LABOR CERTIFICATION

[ ] NOT APPLICABLE

[X] ATTACHED

[ ] NOT REQUIRED

MO. DAY YR. OF BIRTH	COUNTRY OF BIRTH	OCCUPATION	COUNTRY OF LAST RESIDENCE	MARITAL STATUS	SEX	NATIONALITY
1-17-26	Japan	Chick Sexor	Japan	[X] M [ ] S [ ] W [ ] D [ ] SEP	[ ] M [ ] F	Japan

FINAL ADDRESS IN THE UNITED STATES	STREET ADDRESS	CITY, STATE, AND ZIP CODE, IF AVAILABLE
	Perdue Farms Incorp. P.O. Box 1537	Salisbury, Maryland 21801

ACTION OF S.I.O.	ACTION ON APPEAL	U.S.P.H.S.
		CLASS A OR CLASS B (T) REQUIRES ATTENTION OF USPHS AT POE

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.

AMERICAN Consulate General

AT Osaka Kobe, Japan

Christopher English

Christopher English

Vice Consul of the United States of America.

Tariff Item No. 21
Fee Paid $20-
Local Cy Equiv.

IMMIGRANT CLASSIFICATION

CLASSIFICATION SYMBOL: P6-1

FOREIGN STATE/OTHER AREA LIMITATION: JAPAN

IMMIGRANT VISA NO: ----

ISSUED ON (Day) 21 (Month) April (Year) 1981

THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) 20 (Month) August (Year) 1981

PASSPORT

NO. MG1100515

OR OTHER TRAVEL DOCUMENTS (Describe)

ISSUED TO

BY Ministry of Foreign Affairs of Japan, Tokyo.

ON 25 Sept. 1980

EXPIRES 24 Sept. 1985

IV 7197642

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE: Sing Memorial Hospital
DATE OF EXAMINATION: April 18, 1978

At the request of the American Consul at — CITY: Manila — COUNTRY: Philippines

I certify that on the above date I examined — NAME: DOE, John S. — AGE: 58 — SEX: M

WHO BEARS PASSPORT NO. — ISSUED BY — ON

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES:

Chancroid
Gonorrhea
Granuloma inguinale
Leprosy, infectious
Lymphogranuloma venereum
Syphilis, infectious stage
Tuberculosis, active

MENTAL CONDITIONS:

Mental retardation (mental deficiency)
Insanity
Previous occurrence of one or more attacks of insanity
Psychopathic personality
Sexual deviation
Mental defect
Narcotic drug addiction
Chronic alcoholism
(See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2)

My examination, including the X-ray and other reports below, revealed:

☐ (1) No defect, disease, or disability.

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class - A, B, or C - diagnosis, and pertinent details*):

FOR TRAVEL CATEGORY

Class A. Pulmonary Tuberculosis, minimal, right upper lobe.
Travel Category: non-communicable.

History: PTS, 11/77. Therapy: INH 300mg. daily from 11/77 to 2/78. Stability of lesions uncertain. No old Xray for comparison. Tuberculin - negative. Sputum exams (2x) - negative for acid-fast bacilli.

Chest X-ray report: There are some fibroid infiltrations in right apex and infreclavicular region. Findings are verified in apical lordotic view. Heart is slightly enlarged. Aorta is atheromatous. Diaphragm normal. IMPRESSION: PTS, minimal, fibroid, right upper lobe. — from Dr. _____

Blood serological report: VDRL - negative — from Dr. H. S. Smith

Other special report(s) (when needed): 4/23 - Tuberculin (5 TU) - negative — from Dr. A. B. Brown

SIGNATURE OF MEDICAL TECHNICAL ADVISOR — TITLE: Panel Physician — DATE OF FINAL REPORT: April 27, 1978

OF-157 (formerly FS-398)

*Continue on reverse side if necessary.

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE: St. Mary's Hospital
DATE OF EXAMINATION: May 24, 1978

At the request of the American Consul at — CITY: Seoul, Korea — COUNTRY:

I certify that on the above date I examined — NAME: DOE, John — AGE: 25 — SEX: M

WHO BEARS PASSPORT NO. — ISSUED BY — ON

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES:

Chancroid
Gonorrhea
Granuloma inguinale
Leprosy, infectious
Lymphogranuloma venereum
Syphilis, infectious stage
Tuberculosis, active

MENTAL CONDITIONS:

Mental retardation (mental deficiency)
Insanity
Previous occurrence of one or more attacks of insanity
Psychopathic personality
Sexual deviation
Mental defect
Narcotic drug addiction
Chronic alcoholism
(See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature, Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2)

My examination, including the X-ray and other reports below, revealed:

☐ (1) No defect, disease, or disability.

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class - A, B, or C - diagnosis, and pertinent details*):

Class B: Pulmonary tuberculosis, minimal, RML & RLL, inactive (calcified).

Chemotherapy: None
Radiological stability observed at least since June 1973.
Tuberculin positive.

Chest X-ray report: X-ray No. A30826

PA AX CHEST shows multiple chestnut sized calcified nodules at RLL & RML near the hilum, suggesting calcified primary complex. No appreciable interval change reveals since June 1973. Rec. R lat view. from Dr. A. W. Smith

Blood serological report: Negative from Dr. R. N. Lee

Other special report(s) (when needed): from Dr.

SIGNATURE OF MEDICAL TECHNICAL ADVISOR	TITLE	DATE OF FINAL REPORT
Joseph H. Lee, M.D.	Visa Medical Examiner	May 25, 1978

FORM OF-157 (formerly FS-398) *Continue on reverse side if necessary.

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE: Monterrey, Mexico
DATE OF EXAMINATION: May 16, 1978

At the request of the American Consul at | CITY: Monterrey, N.L. | COUNTRY: Mexico

I certify that on the above date I examined | NAME: DOE, John | AGE: 5 | SEX: M

WHO BEARS PASSPORT NO.: 146893 | ISSUED BY: | ON:

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES

- Chancroid
- Gonorrhea
- Granuloma inguinale
- Leprosy, infectious
- Lymphogranuloma venereum
- Syphilis, infectious stage
- Tuberculosis, active

MENTAL CONDITIONS:

- Mental retardation (mental deficiency)
- Insanity
- Previous occurrence of one or more attacks of insanity
- Psychopathic personality
- Sexual deviation
- Mental defect
- Narcotic drug addiction
- Chronic alcoholism
- (See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being

CLASS C:

Minor Conditions

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))

My examination, including the X-ray and other reports below, revealed:

☐ (1) No defect, disease, or disability.

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class - A, B, or C - diagnosis, and pertinent details):

CLASS A - 212(a)(1) - Mental Retardation, Mental Deficiency, severe following Encephalopathy due to mechanical injury at birth (Cerebral Diplegia). See Psychiatrist's Report.

Chest X-ray report: N.A. from Dr. Jose Gonzalez

Blood serological report: N.A. from Dr. Jose Gonzalez

Other special report(s) (when needed): from Dr.

SIGNATURE OF MEDICAL TECHNICAL ADVISOR	TITLE	DATE OF FINAL REPORT
		May 16, 1978

Optional Form 157 (Formerly FS-378) Continue on reverse side if necessary

Form Approved
OMB No. 43-RO 391

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

FEE STAMP

APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY

(Pursuant to Section 212 (g), (h), or (i) of the Immigration and Nationality Act)

SEE INSTRUCTIONS ON REVERSE – PLEASE TYPEWRITE OR PRINT PLAINLY WITH A BALLPOINT PEN.

NAME (Family Name in Capital Letters)	(First Name)	(Middle Name)	FILE NUMBER
DOE,	John		

PRESENT ADDRESS (Number and Street)	(City or Town)	(Country)	(Zip Code, if in U.S.)
1268 Coban Avenue,	Manila,	Philippines	

DATE OF BIRTH	BIRTHPLACE (City or Town)	(Country)
July 1, 1920	Manila,	Philippines

I APPLIED FOR A VISA AT THE AMERICAN CONSULATE AT	DATE OF VISA APPLICATION
Manila, Philippines	April 15, 1978

I WAS DECLARED INADMISSIBLE UNDER SECTION(S) (PLACE AN "X" IN THE APPROPRIATE BLOCK(S)

☐ 212 (a) (1) ☐ 212 (a) (3) ☒ 212 (a) (6) ☐ 212 (a) (9) ☐ 212 (a) (10) ☐ 212 (a) (12) ☐ 212(a) (19)

FOR THE FOLLOWING REASONS (*List acts, convictions or physical or mental conditions*) (*If alien has active or suspected tuberculosis, the reverse of this page must be fully completed.*)

Active Tuberculosis

PRINCIPAL RELATIVE IN THE UNITED STATES THROUGH WHOM I CLAIM ELIGIBILITY FOR WAIVER

NAME	ADDRESS	RELATIONSHIP	IMMIGRATION STATUS
DOE, John, Jr.	New York, New York	Son	Permanent Resident

I ALSO HAVE THE FOLLOWING RELATIVES WHO ARE CITIZENS OR LAWFUL PERMANENT RESIDENTS OF THE UNITED STATES:

NAME	ADDRESS	RELATIONSHIP	IMMIGRATION STATUS
N/A			

I WAS PREVIOUSLY IN THE UNITED STATES AT:

STREET ADDRESS	CITY AND STATE	FROM (DATE)	TO (DATE)	IMMIGRATION STATUS
N/A				

SIGNATURE OF APPLICANT OR OF PERSON SUBMITTING APPLICATION IN BEHALF OF APPLICANT

SIGNATURE	RELATIONSHIP, IF ANY TO APPLICANT	DATE
[signature]	Son	April 15, 1978

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN APPLICANT

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

SIGNATURE	ADDRESS	DATE
[signature]	52 3rd Avenue New York, New York 10012	April 15, 1978

RECEIVED	TRANS. IN	RET'D - TRANS OUT	COMPLETED

FORM I-601
(REV. 4-1-78)N

TO BE COMPLETED FOR APPLICANTS WITH ACTIVE TUBERCULOSIS OR SUSPECTED TUBERCULOSIS

A. STATEMENT BY APPLICANT:

Upon admission to the United States I will go directly to the physician or health facility named in Section B; will present all X-rays used in the visa medical examination to substantiate diagnosis; will submit to such examinations, treatment, isolation, and medical regimen as may be required; and will remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

Date	Signature of Applicant
April 15, 1978	

APPLICANT'S SPONSOR IN U.S.: Arrange for medical care of the applicant and have the physician complete Section B.

B. STATEMENT BY PHYSICIAN OR HEALTH FACILITY (May be executed by a private physician, health department, other public or private health facility, or military hospital. NOTE: Upon arrival of the alien in the U.S., Form HSM 13.20 (CDC)–"Report on Alien with Tuberculosis Waiver"–will be sent to the address given below.)

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculous condition.

I agree to submit Form HSM 13.20 to the health officer* named below either (a) within 30 days of the alien's reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or (b) 30 days after receiving Form HSM 13.20 if the alien has not reported.

Satisfactory financial arrangements have been made. (NOTE: This statement does not relieve alien of submitting such evidence as consul may require to establish that alien is not likely to become a public charge.)

I represent (enter X in the appropriate box and give complete name and address of facility):

1 [X] Local Health Department Outpatient Clinic
2 [ ] Military Hospital
3 [ ] Other Public or Private Health Facility
4 [ ] Private Practice

Address (If military, enter name and address of receiving hospital)

Brooklyn Health Department
2279 5th Avenue, New York, New York 10012

* Military submits direct to Center for Disease Control, Atlanta, Ga 30333	Date	Signature of Physician
	May 5, 1978	David T. Greco M.D.

APPLICANT'S SPONSOR IN U.S.: If medical care will be provided by a physician who checked box 3 or 4 in Section B, have Section C completed by the Local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S. Provide the Health Officer with the address at which the applicant plans to reside in the U.S.

C. ENDORSEMENT BY LOCAL OR STATE HEALTH OFFICER

Date	Endorsed by: Signature of Health Officer

Health Officer:
Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in Section B is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Enter name and address of the Local Health Department to which the "Notice of Arrival of Alien with Tuberculosis Waiver" should be sent when the alien arrives in the United States.

Local Health Department Address

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

Form Approved
OMB No. 43-RO 391

FEE STAMP

FEE EXEMPT

APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY

(Pursuant to Section 212 (g), (h), or (i) of the Immigration and Nationality Act)

SEE INSTRUCTIONS ON REVERSE – PLEASE TYPEWRITE OR PRINT PLAINLY WITH A BALLPOINT PEN.

NAME (Family Name in Capital Letters)	(First Name)	(Middle Name)	FILE NUMBER
DOE,	John	Allen	

PRESENT ADDRESS (Number and Street)	(City or Town)	(Country)	(Zip Code if in U.S.)
1468 Jimenez Avenue,	Mexico City,	Mexico	

DATE OF BIRTH	BIRTHPLACE (City or Town)	(Country)
January 0, 1950	Monterrey, N.L.,	Mexico

I APPLIED FOR A VISA AT THE AMERICAN CONSULATE AT: Monterrey, N.L, Mexico

DATE OF VISA APPLICATION: April 1, 1978

I WAS DECLARED INADMISSIBLE UNDER SECTION(S) (PLACE AN "X" IN THE APPROPRIATE BLOCK(S)

[X] 212 (a) (1) [ ] 212 (a) (3) [ ] 212 (a) (6) [ ] 212 (a) (9) [ ] 212 (a) (10) [ ] 212 (a) (12) [ ] 212(a) (19)

FOR THE FOLLOWING REASONS (List acts, convictions or physical or mental conditions.) (If alien has active or suspected tuberculosis, the reverse of this page must be fully completed.)

Mental retardation, mental deficiency, severe following encephalopathy due to mechanical injury at birth. (Cerebral Diplegia) (See Psychiatrist's report)

PRINCIPAL RELATIVE IN THE UNITED STATES THROUGH WHOM I CLAIM ELIGIBILITY FOR WAIVER

NAME	ADDRESS	RELATIONSHIP	IMMIGRATION STATUS
Allen Smith Doe	125 Smith Street Houston, Texas 14689	Father	Permanent Resident

I ALSO HAVE THE FOLLOWING RELATIVES WHO ARE CITIZENS OR LAWFUL PERMANENT RESIDENTS OF THE UNITED STATES:

NAME	ADDRESS	RELATIONSHIP	IMMIGRATION STATUS
Mary Isabel Doe	125 Smith St., Houston, Texas	Mother	Permanent Resident

I WAS PREVIOUSLY IN THE UNITED STATES AT:

STREET ADDRESS	CITY AND STATE	FROM (DATE)	TO (DATE)	IMMIGRATION STATUS
N/A				

SIGNATURE OF APPLICANT OR OF PERSON SUBMITTING APPLICATION IN BEHALF OF APPLICANT

SIGNATURE	RELATIONSHIP, IF ANY TO APPLICANT	DATE
	Father	May 1, 1978

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN APPLICANT

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

SIGNATURE	ADDRESS	DATE

FORM I-601
(REV 4-1-78)N

RECEIVED	TRANS. IN	RET'D-TRANS OUT	COMPLETED

TO BE COMPLETED FOR APPLICANTS WITH ACTIVE TUBERCULOSIS OR SUSPECTED TUBERCULOSIS

A. STATEMENT BY APPLICANT:

Upon admission to the United States I will go directly to the physician or health facility named in Section B; will present all X-rays used in the visa medical examination to substantiate diagnosis; will submit to such examinations, treatment, isolation, and medical regimen as may be required; and will remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

Date	Signature of Applicant

APPLICANT'S SPONSOR IN U.S.: Arrange for medical care of the applicant and have the physician complete Section B.

B. STATEMENT BY PHYSICIAN OR HEALTH FACILITY (May be executed by a private physician, health department, other public or private health facility, or military hospital. NOTE: Upon arrival of the alien in the U.S., Form HSM 13.20 (CDC)–"Report on Alien with Tuberculosis Waiver"–will be sent to the address given below.)

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculous condition.

I agree to submit Form HSM 13.20 to the health officer* named below either (a) within 30 days of the alien's reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or (b) 30 days after receiving Form HSM 13.20 if the alien has not reported.

Satisfactory financial arrangements have been made. (NOTE: This statement does not relieve alien of submitting such evidence as consul may require to establish that alien is not likely to become a public charge.)

I represent (enter X in the appropriate box and give complete name and address of facility):
1 ☐ Local Health Department Outpatient Clinic
2 ☐ Military Hospital
3 ☐ Other Public or Private Health Facility
4 ☐ Private Practice

Address (If military, enter name and address of receiving hospital)

* Military submits direct to Center for Disease Control, Atlanta, Ga. 30333	Date	Signature of Physician

APPLICANT'S SPONSOR IN U.S.: If medical care will be provided by a physician who checked box 3 or 4 in Section B, have Section C completed by the Local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S. Provide the Health Officer with the address at which the applicant plans to reside in the U.S.

C. ENDORSEMENT BY LOCAL OR STATE HEALTH OFFICER

Date	Endorsed by: Signature of Health Officer

Health Officer:
Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in Section B is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Enter name and address of the Local Health Department to which the "Notice of Arrival of Alien with Tuberculosis Waiver" should be sent when the alien arrives in the United States.

Local Health Department Address

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

FORM APPROVED
OMB NO. 68-R912

STATEMENTS IN SUPPORT OF APPLICATION FOR WAIVER OF EXCLUDABILITY UNDER SECTION 212(a)(1), IMMIGRATION AND NATIONALITY ACT

(Relates to waiver provisions in Sec. 212(g) of the Act, as amended October 3, 1965)

INSTRUCTIONS:

Part I - United States Public Health Service Reviewing Official completes this Part (after he determines that the applicant's special medical report, submitted per form I-601, is acceptable).

Part II - Applicant or sponsoring family member arranges for Part II to be completed, on 4 copies of this form, by the Director of a clinic, hospital, institution, school, or other specialized facility or by a specialist, in the United States. The facility or specialist must be acceptable to the United States Public Health Service. (After completing Part II, the facility or specialist keeps one copy and returns 3 copies to applicant or sponsor.)

Part III - Applicant or sponsoring family member: (a) completes Part III on all 3 copies returned by the facility or specialist; (b) keeps one copy; (c) sends 2 copies to the United States Public Health Service official whose name and address are given in Part I, item (F), below.

PART I

(A) APPLICANT'S NAME (Family name): DOE, (First name): John (Middle name):

(B) PRESENT ADDRESS (Number and street): Jimenez 846-G (City or town): Col. Guerra, (Country): Guadalupe, N.L., Mexico

(C) DATE OF BIRTH: January 15, 1973 SEX: Male INS FILE NUMBER:

(D) ESSENTIAL MEDICAL DETAILS ON GROUNDS OF EXCLUDABILITY UNDER SEC. 212(A)(1)

Class A, 212(a)(1) Mental Retardation, Severe (313.1)
Encephalopathy due to mechanical injury at birth.

(E)
☐ NO SPECIAL TRAVEL REQUIREMENTS ARE NECESSARY FOR THIS PERSON.
☒ THE FOLLOWING SPECIAL TRAVEL REQUIREMENTS ARE SPECIFIED FOR THIS PERSON:

Escort required.

(F) NAME (Typed), SIGNATURE, TITLE, AND ADDRESS OF UNITED STATES PUBLIC HEALTH SERVICE REVIEWING OFFICIAL

(NOTE: Applicant's medical records are on file at this address)

DATE: June 20, 1978

Laurence S. Farer, M.D.
Acting Director, Quarantine Division
Center for Prevention Services
Centers for Disease Control
Atlanta, GA 30333

CDC 4.422-1 (Formerly HSM 251-1) 6-79 (OVER)

No further action will be taken on waiver application until Parts II and III are completed.

PART II *(See Instructions on other side)*

Identification of the clinic, hospital, institution, school, or other specialized facility, or of the specialist, in the United States, issuing the statement in this Part (Please typewrite or print plainly in ink):

Name of Facility or Specialist	Address
New York Medical College Mental Retardation Institute	2265 Third Avenue New York, New York 10035

I hereby affirm –

(1) That the facility or specialist named above has agreed to accept the person ("applicant") specified in Part I, for all necessary diagnostic studies and medical supervision for a period of five years and during such period to be responsible either for providing, or for ensuring that the specified person is provided, such additional care, training, or schooling as the diagnostic studies indicate to be necessary.

(2) That the specified person, the sponsoring family member, or other responsible person has made complete financial arrangements for payment of any charges that will be made during the five-year period for all necessary diagnostic studies, care, and specialized training or schooling of the specified person, including services to be received from the above facility or specialist or from other sources.

(3) That I will send the following data to the Center for Disease Control, Bureau of Epidemiology, Quarantine Division, Atlanta, Georgia 30333:

(a) An initial report, giving a current evaluation of the specified person's mental status – to be sent within 30 days after his (or her) arrival at the above facility or office.

(b) Semiannual reports of his mental status for a period of five years, even if he has been discharged from care, training, or schooling. (I understand that no exception will be made to my responsibility for these 6-month reports, unless written approval has been granted by the United States Public Health Service to transfer responsibility for this person's medical supervision to another facility or specialist.)

(c) A prompt notification if: (i) the person dies; (ii) he departs from the above facility, or from my care or observation, without my approval; (iii) he fails to report to the above facility or office for his semiannual review; (iv) he fails to report to the above facility or office within 30 days after I receive official notice that he has been admitted into the United States.

(4) That the person will be an outpatient, an inpatient, in study status, or in other status, as determined by the responsible local physician or specialist, during the initial evaluation and during any subsequent care or observation deemed necessary.

(Signature)	6/25/78
(Signature of Director of Facility, or of Specialist, identified above)	*(Date)*

PART III *(See Instructions on other side)*

I hereby affirm –

(1) That upon admission to the United States I will proceed direct to the facility or office specified in Part II above.

(2) That upon arrival at that facility or office I will submit to an initial evaluation, and I will submit to such further examinations, treatment, training, and schooling as may be required, whether as an outpatient or an inpatient, in study status, or in other status.

(3) That before responsibility for my medical supervision is transferred to a facility or specialist other than that specified in Part II above, I will obtain approval from the Center for Disease Control, Bureau of Epidemiology, Quarantine Division, Atlanta, Georgia 30333:

(4) That I will comply with any special travel requirements specified in Part I, item (E), of this form (other side).

(Signature of Applicant)	*(Date)*

SIGNATURE OF PERSON COMPLETING PART III IF OTHER THAN APPLICANT

I hereby affirm that I am completing this Part on behalf of the applicant, and that the above requirements concerning the applicant will be fulfilled.

Harrison Doe	Father	1268 Smith Drive New York, New York	6/25/78
(Signature)	*(Relationship)*	*(Address)*	*(Date)*

CDC 4.422-1 (Formerly HSM 251-1) (BACK)
6-79

U.S. Public Health Service
Centers for Disease Control
Center for Prevention Services
Division of Quarantine
March 3, 1986

STATIONS	JURISDICTION
Alaska	
U.S. Quarantine Station (Anchorage) Anchorage International Airport P.O. Box 190083 Anchorage, AK 99519-0083 Tel. FTS 8-(907) 243-1578 (Answering Service) Commercial: (907) 243-1578 Station Manager John M. Robertson Home Tel. (907) 561-0620	a. All ports in the State of Alaska
California	
U.S. Quarantine Station (Los Angeles) Los Angeles International Airport P.O. Box 90834 Los Angeles, CA 90009-0834 Tel. FTS 8-983-2365 (Answering Service) Commercial: (213) 215-2365 Officer in Charge Tony D. Perez Home Tel. (213) 832-3471	a. All ports in the southern 1/2 of California; b. all ports in Arizona, New Mexico & Colorado; c. all ports along US/MEXICO border; d. Las Vegas, NV.
U.S. Quarantine Station (San Francisco) Public Health Service P.O. Box 8548 SFIA San Francisco, CA 94128-0548 Tel. FTS 8-466-2872 (Answering Service) Commercial: (415) 876-2872 Officer in Charge Stephen Sike Home Tel. (415) 355-6435	a. All ports in northern 1/2 of California, Utah; b. Reno, NV.
Florida	
U.S. Quarantine Station (Miami) Miami International Airport P.O. Box 59-2335, AMF Miami, FL 33159-2335 Tel. FTS 8-350-2910 (Answering Service) Commerical: (305) 526-2910 Officer in Charge Sidney C. Royal, Jr. Home Tel. (305) 624-1466	a. All ports in Alabama, Florida, Louisiana, Mississippi, Oklahoma, Tennessee and Texas (except US/Mexico Border) b. All sea ports in Georgia. c. All ports in Puerto Rico and Virgin Islands.

Hawaii

U.S. Quarantine Station (Honolulu)
Terminal Box #67
Honolulu International Airport
Honolulu, HI 96819-1832
Tel. FTS 8-(808) 546-5558 or 5571 (Answering Service on 5571 only)
Commercial: (808) 546-5558 or 5571

Officer in Charge
Robert Tapia
Home Tel. (808) 737-2465

a. All ports in the State of Hawaii.

Illinois

U.S. Quarantine Station (Chicago)
O'Hare International Airport
P.O. Box 66012
Chicago, IL 60666-0012
Tel. FTS 8-379-2150 (Answering Service)
Commercial: (312) 686-2150

Officer in Charge
Martha S. Remis
Home Tel. (312) 956-1614

a. All ports in Illinois, Indiana, Kentucky, Ohio, Pennsylvania (Erie), Michigan, Minnesota, Missouri and Wisconsin. Toronto, Canada

Louisiana

Refer Miami, Florida

Massachusetts

U.S. Quarantine Station (Boston)
Logan International Airport
East Boston, MA 02128-2005
Tel. FTS 8-223-2575
Commercial: (617) 567-3030
(Answering Service on Commercial Line only)

Officer in Charge
Leo J. Meehan, Jr.
Home Tel. (617) 328-5951

a. All ports in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

New York

U.S. Quarantine Station (New York City)
J.F. Kennedy International Airport
Room 2339 International Arrivals Bldg.
Jamaica, NY 11430-1081
Tel. FTS 8-667-1685 (Recorded Message)
Commercial: (212) 917-1685

Officer in Charge
Michael J. Quinn
Home Tel. (516) 483-9222

a. All ports in Delaware, New Jersey, New York, and Pennsylvania (except Erie). Montreal, Canada

Puerto Rico

Refer Miami, Florida.

Texas

Non-border ports refer to Miami, Florida
Border ports refer to Los Angeles, California

Washington

U.S. Quarantine Station (Seattle)
Seattle-Tacoma International Airport
Room S-212
Seattle, WA 98158-1720
Tel. FTS 8-399-4519 (Answering Service)
Commercial: (206) 442-4519

a. All ports in Idaho, Montana, Oregon, North Dakota, Washington and Vancouver, BC.

Officer in Charge
Robert S. Hamilton
Home Tel.: (206) 839-7864

Washington D.C.

U.S. Quarantine Station
Dulles International Airport
P.O. Box 17329
Washington, D.C., 20041-0329
Tel. FTS 8-557-7524 or 8-202-661-8266
Commercial: (703) 557-7524 or (703) 661-8266 (Recorded Message on all lines)

a. All ports in District of Columbia, Maryland, North Carolina, South Carolina and Virginia.

John J. Bardo
Officer in Charge
Home Tel. (703) 437-8963

HEADQUARTERS

Centers for Disease Control
Center for Prevention Services
Division of Quarantine
Atlanta, Georgia 30333

Thomas DeMarcus Assistant to Chief, POB	Tel. FTS 8-236-2574; Comm 404-329-2574 Home: (404)325-5749
Charles R. McCance Chief, Program Operations Branch (POB)	Tel. FTS 8-236-2574; Comm: 404-329-2574 Home: 404-972-0324
Brenda J Coull Quarantine Specialist	Tel. FTS 8-236-2574; Comm 404-329-2574 Home: 404-636-5033
Nancy L. McQueen Chief, Visa Medical Activity	Tel. FTS 8-236-2590; Comm: 404-329-2590 Home: 404-292-4953
Duty Officer, Centers for Disease Control	Tel. FTS 8-236-2888; Comm: 404-329-2888